## AND PO

DECLARATION							
WER OF ATTO	ORN	E١	Y				
11 S A	₩.	ŧ	ł				

	FOR ATTORNEYS' USE ONLY
	ATTORNEYS' DOCKET NO.
j	

ALL PATENTS, INCLUDING DESIGN FOR APPLICATION BASED ON PCT, PARIS CONVENTION, NON PRIORITY; OR PROVISIONAL APPLICATIONS

P67041US0

					ET POINTS FROM ONE				
١	which is described and	d claimed in		ational Application					
•	K the attached spec	ofication	the specific	cation in application	n Serial No.			filed	
		(if applicable) and amo		able) and amende	ded on		h.,	andment referred to abou	/0
	I hereby state that I have reviewed and understand the contents of the I acknowledge the duty to disclose information which is material to p I hereby claim foreign priority benefits under Title 35, United States of foreign application for patent or inventor's certificate having a filing deprivation of the property of				a)-(d) of any foreign application(s	s) for patent or inventor	by any an 56 or's certific	ate listed below and have	also identified below any
	•							_ 🗆 [	
	(Number)		(Country	у)		y/Month/Year Filed)		_ 🗍 [	No
]	(Number)		(Country	у)	(Da	y/Month/Year Filed)		Yes [	No
	(Number)		(Country	y)	(Da	y/Month/Year Filed)		Yes	No
	I hereby claim the her	nefit under Title 35. Unite	ed States Code.§	119(e) of any Unit	ed States provisional application	(s) listed below.			
	Application No.		Filing	g Date	Applica	ition No		Filing Date	
3	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material actional filter and the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material actional filter and the prior united States application in the prior United States application in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the prior United States application in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the prior united States application in the United States application in the United States application in the Uni						ernational filing date of th		
L		ation Serial No.)			(Filing Date) ring attorneys (Registration I			patented, pending, aban	
e	t, and transact all b TERN (20,640); ALL 109); YOON S. HAM	business in the Patent LEN S MELSER (27,2 M (45,307) and NATH	t and Tradema 215): MICHAEI	ark Office conne L R. SLOBASK\	ected therewith. HARVEY B ( (26,421); JONATHAN L. S				
			011070145		· 4- /	I DIRECT TELE	PHONE	CALLS TO:	
	SEND CORR	ESPONDENCE TO:	(	R NO. 00136 or	1 4.7	DIRECT TELE	PHONE use Atto	CALLS TO: orney's Docket No)(2	202) 638-6666
	SEND CORR	JA PROFESSIO 40	COBSON DNAL LIMITED O SEVENTH S	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W.		(please	use Atto	CALLS TO: orney's Docket No ) (2 COBSON HOLI NAL LIMITED LIABILI	MAN
		JA PROFESSIC 40 W	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY	(please	use Atto	orney's Docket No)(2 COBSON HOLI	MAN
	entor(s) name must	PROFESSIO 40 W t include at least one	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY	(please	use Atto	orney's Docket No)(2 COBSON HOLI	MAN
	egtor(s) name must	JA PROFESSIC 40 W	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY name GIVEN NAME Warren	(please	JAC FESSION	COBSON HOLI NAL LIMITED LIABILI MIDDLE NAME	MAN TY COMPANY
nv	edor(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI	PROFESSIO 40 W t include at least one of AMILY NAME SUTTON ITY	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY  name  GIVEN NAME  Warren  STATE OR FOREIGN CO	(please	JAC FESSION	ORSON HOLI COBSON HOLI NAL LIMITED LIABILI MIDDLE NAME	MAN TY COMPANY
nv	entor(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI	PROFESSIO 40 W trinclude at least one of AMILY NAME SUTTON	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY name GIVEN NAME Warren	(please	JAC FESSION	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY	MAN TY COMPANY ENSHIP ZIP CODE
nv	edor(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE PO	PROFESSIO 40 W t include at least one of AMILY NAME SUTTON ITY	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY  name  GIVEN NAME  Warren  STATE OR FOREIGN CC	(please	JAC FESSIOI	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY	MAN TY COMPANY ENSHIP
nv	entor(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI TOTIZENSHIP POST OFFICE ADDRESS FULL NAME * FA	PROFESSIO 40 W t include at least one of AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	OMPANY  name  GIVEN NAME  Warren  STATE OR FOREIGN CC  Florida  CITY	(please	JAC FESSION	MIDDLE NAME  M. COUNTRY OF CITIZE  U.S.A.  E OR COUNTRY  da  MIDDLE NAME	MAN TY COMPANY  ENSHIP  ZIP CODE  33013
n\	FULL NAME * PACTION OF INVENTOR ADDRESS  FULL NAME * PACTION OF INVENTOR OF IN	PROFESSIO 40 W t include at least one in AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE 1050 E. 24 Street AMILY NAME	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	DMPANY  Dame  GIVEN NAME  Warren  STATE OR FOREIGN CO  Florida  CITY  Hialeah  GIVEN NAME	PRO	STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da MIDDLE NAME COUNTRY OF CITIZE U.S.A. E OR COUNTRY COUN	MAN TY COMPANY  ENSHIP  ZIP CODE  33013
n\	FULL NAME * PACTION OF INVENTOR ADDRESS  FULL NAME * PACTION OF INVENTOR OF IN	PROFESSIO 40 W t include at least one of the control of the contro	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	DMPANY  Dame  GIVEN NAME  Warren  STATE OR FOREIGN CO  Florida  CITY  Hialeah  GIVEN NAME	PRO	STAT	MIDDLE NAME  M. COUNTRY OF CITIZE  U.S.A.  E OR COUNTRY  da  MIDDLE NAME	MAN TY COMPANY  ENSHIP  ZIP CODE  33013
n\	edior(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE ADDRESS  FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE ADDRESS  FULL NAME * FA	PROFESSIO 40 W t include at least one in AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE 1050 E. 24 Street AMILY NAME	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	DMPANY  Dame  GIVEN NAME  Warren  STATE OR FOREIGN CO  Florida  CITY  Hialeah  GIVEN NAME	PRO	STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da MIDDLE NAME COUNTRY OF CITIZE U.S.A. E OR COUNTRY COUN	MAN TY COMPANY  ENSHIP  ZIP CODE  33013
202	egior(s) name must  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  RESIDENCE & CI	PROFESSIO 40 W t include at least one in AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE AMILY NAME ITY OST OFFICE ADDRE	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	DMPANY Dame GIVEN NAME Warren STATE OR FOREIGN CO Florida CITY Hialeah GIVEN NAME STATE OR FOREIGN CO	PRO	STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da MIDDLE NAME COUNTRY OF CITIZE U.S.A. E OR COUNTRY E OR COUNTRY E OR COUNTRY	MAN TY COMPANY  ENSHIP  ZIP CODE 33013  ENSHIP  ZIP CODE
707	entor(s) name must  FULL NAME * OF INVENTOR  RESIDENCE & CI CITIZENSHIP  POST OFFICE ADDRESS  FULL NAME * OF INVENTOR  RESIDENCE & CI CITIZENSHIP  POST OFFICE ADDRESS  FULL NAME * OF INVENTOR  RESIDENCE & CI CITIZENSHIP  CITIZENSHIP  CITIZENSHIP	PROFESSIO 40 W t include at least one in AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE AMILY NAME ITY OST OFFICE ADDRE	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004	DMPANY Dame GIVEN NAME Warren STATE OR FOREIGN CO Florida CITY Hialeah GIVEN NAME STATE OR FOREIGN CO CITY GIVEN NAME	PRO	STAT   STAT	MIDDLE NAME MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da MIDDLE NAME COUNTRY OF CITIZE U.S.A. E OR COUNTRY  MIDDLE NAME  COUNTRY OF CITIZE  MIDDLE NAME	MAN TY COMPANY  ENSHIP  ZIP CODE 33013  ENSHIP  ZIP CODE
507 ft	egtor(s) name must  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS	PROFESSIO 40 W  t include at least one in AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE AMILY NAME ITY OST OFFICE ADDRE AMILY NAME ITY OST OFFICE ADDRE	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated  SSS	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004  I first or middle r	DMPANY Dame GIVEN NAME Warren STATE OR FOREIGN CO Florida CITY Hialeah GIVEN NAME STATE OR FOREIGN CO CITY GIVEN NAME	DUNTRY  DUNTRY  made on informatic hable by fine or in	STAT STAT STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da  MIDDLE NAME  MIDDLE NAME  COUNTRY OF CITIZE  COUNTRY OF CITIZE  E OR COUNTRY  MIDDLE NAME  COUNTRY  MIDDLE NAME  COUNTRY  MIDDLE NAME	MAN TY COMPANY  ENSHIP  ZIP CODE  33013  ENSHIP  ZIP CODE  ENSHIP  ZIP CODE
703 707 fu	edior(s) name must FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE ADDRESS  FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE ADDRESS  FULL NAME * FA OF INVENTOR RESIDENCE & CI CITIZENSHIP POST OFFICE ADDRESS  rther declare that all tements were made that States Code; ar	PROFESSIO 40 W  t include at least one of AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE 1050 E. 24 Street AMILY NAME ITY OST OFFICE ADDRE ITY OST OFFICE ADDRE WITH OST OFFICE ADDRE ITY OST OFFICE ADDRE I statements made here with the knowledge to and that such willful fall	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated  SSS	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004  I first or middle r e statements and is may jeopardize	DMPANY  Dame  GIVEN NAME  Warren  STATE OR FOREIGN CO  Florida  CITY  Hialeah  GIVEN NAME  STATE OR FOREIGN CO  CITY  GIVEN NAME  STATE OR FOREIGN CO  CITY  true and that all statements of the like so made are punise the validity of the application of the property of the property of the color of the col	PRO DUNTRY  DUNTRY  made on informatic hable by fine or in or any patent is:	STAT STAT STAT STAT STAT STAT STAT STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da  MIDDLE NAME  MIDDLE NAME  COUNTRY OF CITIZE  COUNTRY OF CITIZE  E OR COUNTRY  MIDDLE NAME  COUNTRY  MIDDLE NAME  COUNTRY  MIDDLE NAME	MAN TY COMPANY  ENSHIP  ZIP CODE  33013  ENSHIP  ZIP CODE  ENSHIP  ZIP CODE  true, and further that to the tition 1001 of Title 18 controls to the title 1001 of Title 18 controls to the title 1001 of Title 18 controls to the title 1001 of Title 1001
fite	egtor(s) name must  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS  ADDRESS  FULL NAME * FA  OF INVENTOR  RESIDENCE & CI  CITIZENSHIP  POST OFFICE  ADDRESS	PROFESSIO 40 W  t include at least one of AMILY NAME SUTTON ITY Hialeah OST OFFICE ADDRE 1050 E. 24 Street AMILY NAME ITY OST OFFICE ADDRE ITY OST OFFICE ADDRE WITH OST OFFICE ADDRE ITY OST OFFICE ADDRE I statements made here with the knowledge to and that such willful fall	COBSON DNAL LIMITED 0 SEVENTH S VASHINGTON unabbreviated  SSS	R NO. 00136 or I HOLMAN D LIABILITY CO STREET, N.W. I, D.C. 20004  I first or middle r e statements and is may jeopardize	DMPANY  Dame  GIVEN NAME  Warren  STATE OR FOREIGN CO  Florida  CITY  Hialeah  GIVEN NAME  STATE OR FOREIGN CO  CITY  GIVEN NAME  STATE OR FOREIGN CO  CITY  true and that all statements in the like so made are purison.	DUNTRY  DUNTRY  made on informatic hable by fine or in or any patent is:	STAT STAT STAT STAT STAT STAT STAT STAT	MIDDLE NAME M. COUNTRY OF CITIZE U.S.A. E OR COUNTRY da  MIDDLE NAME COUNTRY OF CITIZE U.S.A. E OR COUNTRY E OR COUNTRY  E OR COUNTRY  MIDDLE NAME COUNTRY OF CITIZE E OR COUNTRY  MIDDLE NAME COUNTRY OF CITIZE E OR COUNTRY	MAN TY COMPANY  ENSHIP  ZIP CODE  33013  ENSHIP  ZIP CODE  ENSHIP  ZIP CODE  true, and further that to the tition 1001 of Title 18 controls to the title 1001 of Title 18 controls to the title 1001 of Title 18 controls to the title 1001 of Title 1001

## Law Offices of

## JACOBSON HOLMAN

PROFESSIONAL LIMITED LIABILITY COMPANY
THE JENIFER BUILDING
400 SEVENTH STREET, N.W.
WASHINGTON, DC 20004

Attny's Docket No. P67041US0

## **SMALL ENTITY DECLARATION** [37 CFR 1.9(c-f)]

			[57 OF K 1.8]	J-1/J				
	Each undersigned declares that:							
	(1)	X the application attached he	ereto.					
	(2)	U.S. Application Serial No		, filed				
	(3)	U.S. Patent No.	lssu	ued				
,	is entitled to the virtue of the follo	benefits of "small entity" status for		der 35 USC 41(a) and (b) to the Pater				
	(4) as defined in 37		s that he/she qualifies as	an independent inventor, or would qua	alify had he/she made the			
		as a small business concern as	defined in 37 CFR 1.9(d);	npowered to act on behalf of the conce that exclusive rights to the invention h t all other rights belong to small entitie	nave been conveyed to and			
	(6) organization qua	The undersigned declares lifies as a nonprofit organization		npowered to act on behalf of the organi	ization identified below; that			
		(a) 37 CFR 1.9(e)(1)						
		(b) 37 CFR 1 9(e)(2)						
		(c) 37 CFR 1.9(e)(3)						
The first was the		(d) 37 CFR 1.9(e)(4) exclusive rights to the invention hat her rights belong to organizations		remain with the organization, or if the r	rights are not exclusive, that			
Francisco	(7) Each person, concern or organization to which I/we have assigned, granted, conveyed or licensed, or am under an under contract or law to assign, grant, convey, or license any rights in the invention is listed below:							
		(a) X no such person, o	concern or organization					
<b>3</b>	(b) persons, concerns or organization listed below							
w w	[a separate declaration is required from <u>each</u> named person, concern or organization having rights to this invention averring to their status as "small entities."]							
Howard Company	Full Name							
A Simon	Address							
	Individual Small Business Concern Nonprofit Organization							
	prior to paying, or			f any change in status resulting in loss aintenance fee due after the date on w				
	are believed to be by fine or impriso	e true; and further that these state	ements were made with th 01 of Title 18 of the United	e are true and that all statements made knowledge that willful false statemer States Code and that such willful false hich this declaration is directed.	nts so made are punishable			
	(8)	Warren M. SUTTON	U	Joven lehitter	- 11/26/01			
		Typed Name of Inve	entor Sign	ature	Date			
		Typed Name of Inve	entor Sign.	ature	Date			
		Typed Name of Inve	entor Sign	ature	Date			
	(0)	Typed Name of Inve	entor Sign	ature	Date			
	(9)			Concern or Nonprofit Organization				
		Typed Name	By Sign:	ature	Date			
		Title of Signatory		<del></del>				

3 ļ. Į,